VS A15 (T) (I) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

106-E

09627

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:

County: Harford

City or town: Aberdeen Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rogers St

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 88 yrs. 2 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Aberdeen Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Rogers
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Gella G. Bradford

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband: Edward Hall Bradford

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 28 - 1852

8. AGE: Years: 88 Months: 2 Days: 1 If less than one day: hrs. min.

9. Birthplace: Harford Co. Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER
12. Name: Benjaman F. Cronin
13. Birthplace: Harford Co. Md.

MOTHER
14. Maiden name: Elizabeth Courtney
15. Birthplace: Harford Co. Md.

16. Informant: Miss. Elizabeth Bradford
Address: Aberdeen Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 1, 1940 (month) (day) (year)

Cemetery or crematory: Abingdon M.E.

Location: Abingdon Harford Co. Md.

18. Funeral director: Henry Tarring & Sons
Address: Aberdeen Md.

19. Oct. 1. 1940 (Date rec'd by registrar) O.C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 29 1940, at 7:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to Sept 29 1940, and that I last saw her alive on Sept. 29 1940

Immediate cause of death: Oedema Lung Chronic Bronchitis — DURATION: 10 yrs

Due to:

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Chas. H. Krieter M. D. or other

Address: Aberdeen Md Date signed: Sept 30/40

RECEIVED
OCT. 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-2)

09628

CERTIFICATE OF DEATH

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town near Aberdeen R.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 38 yr 11 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Aberdeen Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Madison L Byrd

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ wife Viola R. Byrd / Violet Rose Byrd
6(c) If alive, give age ~~Unknown~~ years

7. Birth date of deceased (mo., day, yr.) Oct. 13th 1901

8. AGE: Years	Months	Days	If less than one day
38	11	12	hrs. min.

9. Birthplace Harford Co. Md (Town, county, and state)
10. Usual occupation ~~Foreman~~ Machinist in field service
11. Industry or business Aberdeen Proving Ground
FATHER 12. Name Curtis M. Byrd
13. Birthplace Virginia
MOTHER 14. Maiden name Emma Freudenberg
15. Birthplace Baltimore
16. Informant Miss. Myrtle E. Byrd
Address Aberdeen Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 28-1940 (month) (day) (year)
Cemetery or crematory Babers
Location Near Aberdeen Md.
18. Funeral director Henry Fanning & Sons
Address Aberdeen Md
19. Sept 28 1940 (Date rec'd by registrar) C.C. Michael Registrar

MEDICAL CERTIFICATION approx. 9:05 P.M.

20. DATE OF DEATH Sept. 25 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death Compound Fracture of Skull — DURATION
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 9/25/40
Where did injury occur? Near Aberdeen (City or town) Harford (County) Md (State)
Injured at home, farm, industry, public place (where?) Aberdeen Prov. Grd Rd.
Means of injury Auto accident Injured at work? No.

23. SIGNATURE J. H. Lanzer M.D. Deputy Medical Examiner
Address Aberdeen, Md. Date signed 9/25/40

correction of
For authorization of/name of wife and the correction in the occupation see letter from Dr. J. H. Ramsey - rec'd 10-11-40

ams

RECEIVED
OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-B)

CERTIFICATE OF DEATH

09629

Reg. Dist. No. 18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

~~City or~~ town: Aldino

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Harford

City or town: Aldino Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: J. Clinton Cooper

3. (b) Social Security Number: No

4. Sex: Male

5. Color or race: White

6. ~~single, married, widowed, or divorced~~: Widower

8 (b) Name of ~~husband~~ wife: Mary S. Cooper

Dead

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): July 4, 1860

8. AGE: Years: 80 Months: 2 Days: 7 If less than one day: ____ hrs. ____ min.

9. Birthplace: York Co., Penna (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Retired

FATHER

12. Name: Aquilla Cooper

13. Birthplace: York Co., Penna

MOTHER

14. Maiden name: Cynthia Norwood

15. Birthplace: York Co., Penna

16. Informant: Minnie Cooper

Address: Aberdeen, Harford Co. Md.

17. Burial (Burial, ~~cremation, or removal~~?) Date thereof: Sept. 13 1940 (month) (day) (year)

Cemetery or crematory: Wesleyan Chapel Cem

Location: Harford Co., Md.

18. Funeral director: H. S. Bailey

Address: Darlington, Md.

19. Sept. 11 1940 (Date rec'd by registrar) Bertha B. Knight Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 11 1940, at 4a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 2 1939 to Sept 11 1940, and that I last saw h~~im~~ alive on Sept 11 1940.

	DURATION
Immediate cause of death: Carcinoma of Pelvis, Primary Carcinomatosis	
Due to: Chronic Myocarditis	
Due to: Cancer of pelvic bone ~~—~~ primary in ischium. Giant cell sarcoma of ischium. C.W.S.R.	
Other conditions: Cachexia	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Charles J. Foley M.D. M. D. or other

Address: Havre de Grace Md. Date signed: 9/14/40

RECEIVED
OCT 4 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

09630

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford

City or town Edgewood R.F.D.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 77 Yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Harford.

City or town Edgewood
(If outside city or town limits, write RURAL and give nearest town)

Street No. ✓
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME T. Edward Creswell

3. (b) Social Security Number ✓

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of ~~husband~~ or wife: Ella Jordan

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 16, 1873

8. AGE: Years 67 | Months 4 | Days 8 | If less than one day ..... hrs. ..... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

FATHER
12. Name Geo Creswell.
13. Birthplace Md.

MOTHER
14. Maiden name Margaret Dolan
15. Birthplace Md.

16. Informant Raymond Watts

Address Edgewood, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 27, 1940 (month) (day) (year)

Cemetery or crematory Mountain Cem.

Location Joppa Md.

18. Funeral director Mombuger & Gross

Address Benson, Md.

19. Sept 26 1940 (Date rec'd by registrar) N. E. Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 24 1940 at Between 8-9 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death Apparently Coronary Occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J H Ramsey M.D. Dep. Medical Examiner M.D. or other

Address Aberdeen, Md. Date signed 9/24/40

RECEIVED
OCT 4 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I)

(T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

09631

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford

City or town Havre De Grace
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hosp't.

Stay in hospital or insf. (yrs., or mos., or days) 1 day.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford

City or town Havre De Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 603 Green St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dr. Guy Dennis.

3. (b) Social Security Number

4. Sex male

5. Color or race white.

6. (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 29 - 1890

8. AGE: Years 50 Months 3 Days 5 If less than one day — hrs. — min.

9. Birthplace Perryville Md
(Town, county, and state)

10. Usual occupation Veterinarian

11. Industry or business

FATHER
12. Name John Graham Dennis
13. Birthplace Charlestown Md

MOTHER
14. Maiden name Sally Hewitt
15. Birthplace Virginia

16. Informant Hospital Records.
Address Havre De Grace Md

17. Burial - Date thereof Sept. 5 1940.
(Burial, ~~cremation, or removal. Which?~~) (month) (day) (year)

Cemetery ~~or crematory~~ Asbury Cemetery.

Location Cecil County. Md.

18. Funeral director Pennington & Son.
Address Havre de Grace, Md.

19. Sept. 4 1940 James H. Bay M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 3rd 1940, at 4:30 a.m.

21. I CERTIFY that death occurred on the date above stated; ~~that I~~ attended deceased from Aug 29 1940, to Sept 3 1940, and that I last saw him alive on Sept 3 - 1940.

Immediate cause of death Coronary Thrombosis — DURATION Aug 29

Due to Myocarditis; Chronic. Duration: ten years. C.W.G.R.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank Wolbert M.D.
M.D. or other

Address Havre-de-Grace Date signed Sept 4th

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74@)

09632

CERTIFICATE OF DEATH

Reg. Diat. No. 182

1. PLACE OF DEATH:
County Harford
City or town near Rocks
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town near Rock
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME norman Arthur Devore

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 22 1938

8. AGE: Years 1 Months 11 Days 16 If less than one day hrs. min.

9. Birthplace Harkins Hund Co Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name arthur Devore
13. Birthplace Fallston Md

MOTHER 14. Maiden name Lizzie Sheet.
15. Birthplace Welch W. Va.

16. Informant Arthur Devore
Address Street Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 9, 1940 (month) (day) (year)
Cemetery or crematory Fawn Grove
Location at Fawn Grove, Pa.

18. Funeral director E. G. Kurtz & Son
Address Jarrettsville, Md.

19. Sept 9 1940 Thomas R. Bacon
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 19 at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 8 1940 to Sept 6 1940
and that I last saw him alive on Sept 5, 1940 19

	DURATION
Immediate cause of death Acute Leukemia	4 Mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Willard P. Hudson M. D. or other
Address Forest Hill Md Date signed 9/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 7 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(1) MARGIN RESERVED FOR BINDING

VS A15

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09633

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:

County Harford

City or town Havre De Grace

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 das.

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Havre De Grace Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 823 Juniata St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clarence Durbin

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	negro	married

B (b) Name of husband or wife EVA DURBIN

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1884

8. AGE:

Years	Months	Days	If less than one day
56			hrs. min.

9. Birthplace Havre De Grace Md (Town, county, and state)

10. Usual occupation Janitor

11. Industry or business

FATHER 12. Name Thomas Durbin

13. Birthplace Havre De Grace Md

MOTHER 14. Maiden name Rebecca French

15. Birthplace Havre De Grace Md

16. Informant Hospital Records

Address Havre de Grace, Md.

17. Burial (Burial, cremation, or removal Which?) Date thereof 9 (month) 19 (day) 40 (year)

Cemetery or crematory St. James A. M. E. Cemetery

Location Havre de Grace, Md.

18. Funeral director Elmer E. Bullock

Address Havre de Grace, Md.

19. Sept 18th 1940 (Date rec'd by registrar) Janina K. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 15th 1940, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 12 1940, to Sept 15 1940, and that I last saw h-- alive on Sept 15 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to Probably Cancer	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. Lewis M.D. M. D. or other

Address Havre de Grace Md Date signed 9-19-40

RECEIVED
OCT 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 183 — 09634

1. PLACE OF DEATH:

County Harford

City or town Mar Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford

City ~~or town~~ Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)

Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war World war

3. (a) FULL NAME Lawrence J. Foster

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Unknown

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 20 - 1880.

8. AGE: Years 60 | Months — | Days 1 | If less than one day ..... hrs. ..... min.

9. Birthplace Grovendale - Conn.
(Town, county, and state)

10. Usual occupation Followed Race Track.

11. Industry or business —

FATHER
12. Name
13. Birthplace Unknown.

MOTHER
14. Maiden name
15. Birthplace Unknown.

16. Informant American Legion.

Address Havre de Grace, Md.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)

Date thereof Sept. 28-1940
(month) (day) (year)

Cemetery ~~or crematory~~ National Cemetery Arlington

Location Virginia.

18. Funeral director Pennington & Son.

Address Havre de Grace, Md.

19. Sept. 26th 1940 James H. Bay M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 22 1940, at Between 11. & 1. P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19....., to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death Probably Coronary Occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Ramsey M.D.
Deputy Medical Examiner

Address Aberdeen, Md Date signed 9/24/40

RECEIVED
OCT 5 1940
BUREAU OF S

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (948)

09635

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford
City or town Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution 727 Warren St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 5 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Madison Apt. Hotel - 817 Madison St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Benjamin Franklin Garrett

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Dec. 9, 1889
8. AGE: Years 50 Months 9 Days 0 If less than one day 0 hrs. 0 min.
9. Birthplace Kentucky (Town, county, and state)
10. Usual occupation Race Horse Trainer
11. Industry or business Racing
FATHER 12. Name Thos. Lawson Garrett
FATHER 13. Birthplace Kentucky
MOTHER 14. Maiden name Mrs. Mary F. Roberts
MOTHER 15. Birthplace Kentucky
16. Informant Mrs. J. R. Dumas
Address 1107 Shasta Circle Dallas, Texas.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 12, 1940 (month) (day) (year)
Cemetery or crematory New National Cem.
Location Balto. City.
18. Funeral director P. Madison Mitchell
Address Havre de Grace Md.
19. Sept. 10 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 9, 1940, at 3:45 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 8 1940 to Sept. 9 1940, and that I last saw him alive on Sept 9 1940.

Immediate cause of death	DURATION
Acute Angina Pectoris	
Due to	
Due to	
Other conditions Acute Cardiac Failure	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F. D. Steiner M. D. or other
Address Havre de Grace Md. Date signed 9-10-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
SEP 13 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

WITHIN CORPORATE LIMITS OF

69636

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days) 28 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Havre de Grace Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 326 Lilac Alley

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alfred F. Giddings.

3. (b) Social Security Number 216-52-2274.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	married

6 (b) Name of husband or wife Emma Giddings.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 6 - 1880

8. AGE: Years	Months	Days	If less than one day
60	6	15	____ hrs. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Joseph Brown Giddings

13. Birthplace Unknown

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Hospital records

Address Havre de Grace, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 25-1940. (month) (day) (year)

Cemetery or crematory St. James Cemetery

Location Havre de Grace, Md.

18. Funeral director Pennington & Son.

Address Havre de Grace, Md.

19. Sept. 25th 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 22 1940, at 11 P.M. 27

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 26 1940, to Sept 22 1940, and that I last saw him alive on Sept 22 1940.

Immediate cause of death	DURATION
Carcinoma of Stomach	
Due to	
Due to	
Other conditions Cardiac Hemorrhage	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. D. Steiner M. D. or other

Address Havre de Grace, Md. Date signed 9-24-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
OCT 5 1940
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (117a)

CERTIFICATE OF DEATH

09637

Reg. Diat. No. 185

1. PLACE OF DEATH: Harford

County Havre de Grace

City or town (If outside city or town limits, write RURAL NEAR and give town)

Street address (hospital or institution) Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days) Dead on arrival

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Harford Co.

City or town Darlington Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Samuel Ulrich Uhler Gonce

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	White	~~Married~~ Widower

6 (b) Name of husband or wife BERTHA JANE GONCE

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30 1890

8. AGE: Years	Months	Days	If less than one day
50	5	19	hrs. min.

9. Birthplace Cecil Co. (Town, county, and state)

10. Usual occupation attendant at Perry Point Hosp.

11. Industry or business

FATHER 12. Name George R. Gonce

13. Birthplace Cecil Co.

MOTHER 14. Maiden name Susan C. Manning

15. Birthplace Kent Co.

16. Informant Mrs. Sarah Rothermel (Sister)

Address North East Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 23 1940 (month) (day) (year)

Cemetery or crematory North East M. E. Cemetery

Location North East Md

18. Funeral director Joseph R Grant

Address North East, Md.

19. Sept 20 1940 (Date rec'd by registrar) James H Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 19, 1940 at 3AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
Hemorrhage and toxemia	
Due to Gastric Ulcer	
Hemorrhagic Gastroenteritis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Ramsay M.D. Deputy Medical Examiner M. D. or Other

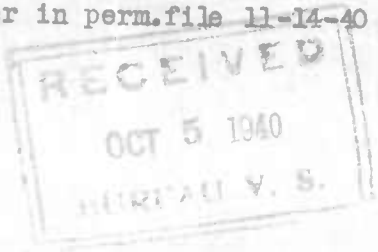
Address Aberdeen, Md. Date signed 9/19/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

CHANGES of name, marital state and wife's name made thru letter in perm.file 11-14-40 under J.R.GRANT. - L



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-A)

CERTIFICATE OF DEATH

09638

Reg. Dist. No. 182

1. PLACE OF DEATH:
County: Harford
City or town: Joppa (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 years
Hospital, Institution, or street address where death occurred: RFD #1
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Joppa (If outside city or town limits, write RURAL and give nearest town)
Street No.: RFD #1 (If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: Mary Clark Goodman

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: Robert H Goodman
6.(c) If alive, give age: ... years
7. Birth date of deceased (mo., day, yr.): Nov. 29 - 1879

8. AGE: Years	Months	Days	If less than one day
60	9	5	...hrs. ...min.

9. Birthplace: New York City New York (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business
FATHER 12. Name: Albert Clark
13. Birthplace: Watkins Glen, New York
MOTHER 14. Maiden name: ELLEN LAKE
15. Birthplace: Nova Scotia, Canada
16. Informant: Dorothy Clark Goodman
Address: Joppa, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 5 1940 (month) (day) (year)
Cemetery or crematory: Spesutia
Location: Perryman Md
18. Funeral director: Henry Tarring Sons
Address: Aberdeen Md
19. Sept 4th 1940 (Date rec'd by registrar) M. E. Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 3 1940, at 12 15 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1938 19... to Sept 3 1940
and that I last saw her alive on Aug 29 1940
Immediate cause of death: Carcinoma of esophagus — DURATION: 6 months
Due to: — DURATION: —
Due to: — DURATION: —
Other conditions: Arteriosclerotic C.V. disease — DURATION: 5 yrs
(Include pregnancy within 3 months of death)
Major findings of operations: —
Date of op.: —
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of ...
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: — Injured at work? —

23. SIGNATURE: Gerald C. Palmer M.D. (M. D. or other)
Address: Bel Air, Md Date signed: 9/3/40

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(T) MARGIN RESERVED FOR BINDING

(M)

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164-C)

CERTIFICATE OF DEATH

09639

Reg. Dist. No. 184

1. PLACE OF DEATH:
County: Harford
City or town: near Pylesville, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 year.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Pylesville, (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: John Henry Graefe, Jr.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	married

6.(b) Name of husband or wife: Jane Fenby Graefe
6.(c) If alive, give age: 22 years

7. Birth date of deceased (mo., day, yr.): April 24, 1916

8. AGE: Years	Months	Days	If less than one day
24	4	15	..... hrs. ..... min.

9. Birthplace: Jacksonville, Balto Co., Md.
(Town, county, and state)
10. Usual occupation: Carpenter's Helper
11. Industry or business: General

FATHER
12. Name: John Henry Graefe, Sr.
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Anna Schweikart
15. Birthplace: Baltimore, Md.

16. Informant: Mrs. Henry Graefe, Sr.
Address: Jacksonville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 12, 1940 (month) (day) (year)
Cemetery or crematory: St. John's Lutheran Cem.
Location: Sweet Air, Balto Co., Md.

18. Funeral director: John Burns' Sons
Address: Towson, Md.

19. Sept. 11 1940 (Date rec'd by registrar) H. L. S. McNabb Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 8 1940 at Between 10 A.M. - 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Gunshot wound of Head	
Due to: Shotgun	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Suicide Date of: 9/8/40
Where did injury occur? near Pylesville Md Harf Co.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Woods
Means of injury: Shotgun Injured at work? No

23. SIGNATURE: J. H. Lamey M. D.
Dep. Medical Examiner
Address: Aberdeen, Md Date signed: 9/10/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 17 1940
BUREAU V. S.

09640

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Reg. Dist. No. 184

1. PLACE OF DEATH:

County: Harford

City or town: Whitford (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Harford

City or town: Whitford (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Mary E Hushon

3. (b) Social Security Number: None

4. Sex: Fmly

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): May 1, 1862

8. AGE: Years: 78 Months: 4 Days: 20 If less than one day ... hrs. ... min.

9. Birthplace: Whitford Md (Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business

FATHER 12. Name: Patrick Hushon

13. Birthplace: Ireland

MOTHER 14. Maiden name: Matilda McMahon

15. Birthplace: Ireland

16. Informant: Patrick Hushon

Address: Whitford Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 24 (month) (day) (year)

Cemetery or crematory: St Mary's Md

Location: Pylesville Md.

18. Funeral director: H Howard Webb

Address: Farm Grove Pa

19. Sept. 23, 1940 (Date rec'd by registrar) H. J. S. McNabb Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 21 1940, at 5 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1st 1940, to Sept 21st 1940 and that I last saw her alive on Sept 21st 1940

Immediate cause of death: Diabetes and Hypertension followed by heart failure

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION: Diabetes for several years

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. E. Arthur M. D. or other

Address: Cardiff Md Date signed: Sept 23d 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 7 1940
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-2)

CERTIFICATE OF DEATH

09641

Reg. Diat. No. 181

1. PLACE OF DEATH:
County Harford
City or town Aberdeen
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? about 25 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland. County Harford.
City or town Aberdeen.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 125 Old Post Road.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Samuel W. Lauder.

3. (b) Social Security Number 213-14-9410.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male,	white	married,

6.(b) Name of husband or wife Delia Lauder.
6.(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) August 7- 1860.

8. AGE: Years	Months	Days	If less than one day
80	1	17	hrs. min.

9. Birthplace nr. Churchville-Harford Co. Md.
(Town, county, and state)
10. Usual occupation Meat Cutter,
11. Industry or business

FATHER 12. Name Samuel Lauder.
13. Birthplace Scotland.

MOTHER 14. Maiden name Caroline Lauder (maiden)
15. Birthplace Unknown.

16. Informant Samuel Lauder Jr.
Address 125 Old Post Road, Aberdeen.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 29-40. (month) (day) (year)
Cemetery or crematory Angel Hill Cemetery.
Location Havre de Grace, md.

18. Funeral director Pennington & Son.
Address Havre de Grace - Md.

19. Sept 29 1940 O.C. Michael
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25 1940, at 9:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Shock from Crushing chest injury	
Due to Probable Cerebral Hemorrhage	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 9/25/40
Where did injury occur? Aberdeen (City or town) Harford (County) Md. (State)
Injured at home, farm, industry, public place (where?) Route # 40
Means of injury automobile Injured at work? no

23. SIGNATURE J. H. Lauer M.D.
Deputy Medical Examiner
Address Aberdeen Md. Date signed 9-27-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 4 1940
BUREAU V. S.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. 09642

Registrar's No. 180

State of Maryland

1. PLACE OF DEATH:
(a) County Harford
(b) City or town Edgewood Arsenal, (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Station Hospital, U. S. Army (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hours (Specify whether years, months or days)
In this community 1 month

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Fort Hoyle, Md. (If outside city or town limits, write RURAL)
(d) Street No. 1st CTn, 6th Field Artillery (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) FULL NAME Leonard I. Lee
3. (b) If veteran, name war - -
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife - - -
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased April 23, 1917 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
23	4	10	hr. ____ min.

9. Birthplace Clearfield, Pa. (City, town, or county) (State or foreign country)
10. Usual occupation Soldier
11. Industry or business U. S. Army

MOTHER
12. Name Ivan Lee
13. Birthplace Unknown (City, town, or county) (State or foreign country)

FATHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Service Record, US Army
(b) Address

17. (a) Ostend, Pa. (Burial, cremation, or removal) (b) Date thereof 9 6 40 (Month) (Day) (Year)
(c) Place; burial or cremation Ostend, Pa.

18. (a) Signature of funeral director Howard K. McComas
(b) Address Abingdon, Md.

19. (a) Sept 4 1940 (Date received local registrar) (b) Emily M Shipley (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month September day 2nd year 1940 hour 11 minute 53 AM
21. I hereby certify that I attended the deceased from 3:00 AM September, 1940, to 11:53AM, Sept. 2, 1940; that I last saw him alive on September 2, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fracture of skull	
Due to Automobile accident	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN

Major findings:
Of operations
Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence September 2, 1940
(c) Where did injury occur? Edgewood Road, Md. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway (Specify type of place)
While at work? No (e) Means of injury Automobile

23. Signature ALEX. P. KELLY, Lt. Col, MC (M. D. or Coroner)
Address Edgewood Arsenal, Md. Date signed 9/2/40

8-6917 U. S. GOVERNMENT PRINTING OFFICE 16—13493

RECEIVED
OCT 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

09643

Reg. Dist. No. 184

1. PLACE OF DEATH:
County: Harford
City or town: Whiteford, P. O.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Whiteford (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Whiteford
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Mary A. Little

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Hamilton Little
Not living 6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): July 29, 1868

8. AGE: Years	Months	Days	If less than one day
72	1	5	..... hrs. ..... min.

8. Birthplace: Harford Co. Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: Isaac L. Henry
13. Birthplace: Harford Co. Md.
MOTHER 14. Maiden name: Amanda Proctor
15. Birthplace: Harford Co. Md.
16. Informant: Isaac Little
Address: Whiteford, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 8, 1940 (month) (day) (year)
Cemetery or crematory: Tabernacle cemetery
Location: Whiteford, R. D. Md.
18. Funeral director: Hubert P. Harkins
Address: Delta, Pa
19. Sept 7 1940 (Date rec'd by registrar) H. J. P. McNabb Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 4, 1940, at 11:30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1938, to Sept. 4 1940
and that I last saw her alive on Sept 4 1940

Immediate cause of death	DURATION
Hypertensive C-V Disease	
Asthma	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op.
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Josiah A. Hunt, M.D. (M. D. or other)
Address: Cardiff, Md Date signed: Sept 5 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 7 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CITRIC CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-a)

09644

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford

City ~~or town~~ Havre de Grace, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? about 40 years.

~~Hospital, institution,~~ or street address where death occurred: 732 - Ontario St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford.

City ~~or town~~ Havre de Grace,
(If outside city or town limits, write RURAL and give nearest town)

Street No. 732 - Ontario St.,
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Jeannette Maires.

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
Female	white	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 16 - 1847.

8. AGE:

Years	Months	Days	If less than one day
93	—	7	hrs. min.

9. Birthplace Philadelphia - Pa.
(Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business —

FATHER
12. Name Walter F. Maires.
13. Birthplace Salem, N. J.

MOTHER
14. Maiden name Mary M. Thomas.
15. Birthplace Pennsylvania.

16. Informant Lillian Barnes.
Address 732 - Ontario, St. Hde Grace, Md.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof Sept. 26 - 1940
(month) (day) (year)

Cemetery ~~or crematory~~ Angel Hill Cemetery,
Location Havre de Grace, Md.

18. Funeral director Pennington & Son.
Address Havre de Grace, Md.

19. Sept - 26 - 1940
(Date rec'd by registrar)

James H. Bay
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24th 1940, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from For Many years 19 , to Sept 24th 1940
and that I last saw her alive on Sept 23rd 1940

Immediate cause of death Acute Myocarditis

Due to Arteriosclerosis

Due to

Other conditions Senility

(Include pregnancy within 3 months of death)

DURATION: 9 few days

Major findings of operations

Date of op.

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. W. Steiner
M. D. or other

Address Havre de Grace Md Date signed 9-25-40

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94-a)

CERTIFICATE OF DEATH

09645

Reg. Dist. No. 180

1. PLACE OF DEATH:

County Harford

City or town Edgewood

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Office of Dr. Chas. Roth.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland. County Harford

City or town Edgewood, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George W. Miller

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25 1899

8. AGE: Years	Months	Days	If less than one day
41	5	28	hrs. min.

9. Birthplace Mifflinburg, Pa.

(Town, county, and state)

10. Usual occupation Painter

11. Industry or business

FATHER 12. Name James M. Miller,

13. Birthplace Pa.

MOTHER 14. Maiden name Katherine Klingman,

15. Birthplace Pa.

16. Informant Mrs. Katharine Miller,

Address State College, Pa.

17. Removel (Burial, cremation, or removal. Which?) Date thereof 9 (month) 27 (day) 1940 (year)

Cemetery or crematory Mifflinburg, Pa.

Location ~~Baltimore, Md.~~ Pa.

18. Funeral director Howard K. McComas,

Address Abingdon, Md.

19. Sept 24 1940 (Date rec'd by registrar) Emily M Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 22 1940, at 4:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Lawson M. D. Deputy Medical Examiner

Address Aberdeen Md. Date signed 9/22/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 2 1940
BUREAU V. S.

09646

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:

County: Harford

City or town: Rural near Aberdeen
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 1 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Rural near Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Mrs. Mary E. Mitchell

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) ~~Single, married, widowed, or divorced~~: widowed

B (b) Name of husband ~~or wife~~: George L. Mitchell

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 10, 1858

8. AGE: Years: 82 Months: 2 Days: — If less than one day: ____ hrs. ____ min.

9. Birthplace: Harford Co. Maryland
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: None

FATHER
12. Name: Wm. S. Bowman
13. Birthplace: Harford Co. Maryland

MOTHER
14. Maiden name: Mary Bailey
15. Birthplace: Harford Co. Md

16. Informant: Miss. Pearl S. Mitchell
Address: Havre de Grace Md

17. Buried
(Burial, cremation, or removal. Which?)
Date thereof: Sept 14 1940
(month) (day) (year)

Cemetery or crematory: Grove

Location: Aberdeen

18. Funeral director: Henry Tarring & Sons
Address: Aberdeen Md

19. Sept 13 1940 Bertha B. Knight
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 11 1940, at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 4 1938 to Sept 11 1940, and that I last saw her alive on Sept 11 1940.

Immediate cause of death: Arterio Sclerosis
Cerebral Anemia

Due to: Chronic Myocarditis

Due to:

Other conditions: Cardiac Failure

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Charles J. Holy M.D.
M. D. or other

Address: Havre de Grace Md Date signed: 9/12/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(I) (T) (M)

RECEIVED
OCT 4 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-P)

09647

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County: Harford

City or town: Havre de Grace (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 727 Warren St

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Harford

City or town: Havre de Grace Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 727 Warren St (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William Grant Mitchell

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~: Annie May Mitchell

6(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Aug. 12, 1869

8. AGE: Years: 71 Months: 0 Days: 21 If less than one day: hrs. min.

9. Birthplace: Havre de Grace (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: Canning House

FATHER
12. Name: Thos. J. Mitchell
13. Birthplace: Md.

MOTHER
14. Maiden name: Mary Herbert
15. Birthplace: Md.

16. Informant: Mrs. Annie May Mitchell

Address: Havre de Grace, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 4, 1940 (month) (day) (year)

Cemetery or crematory: Angel Hill

Location: Havre de Grace Md.

18. Funeral director: R. Madison Mitchell

Address: Havre de Grace, Md.

19. Sept. 3 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 2, 1940, at 12:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to Sept 2 1940 and that I last saw him alive on Sept 2 1940

Immediate cause of death: Chronic Myocarditis — DURATION: 2 yrs

Due to: Chronic Nephritis

Due to:

Other conditions: Ex Lurstin

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: F. W. Steiner M. D. or other

Address: Havre de Grace Date signed: 9-4-40

RECEIVED
OCT 5 1940
U. S.

09648

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-01)

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford

City or town Aberdeen
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Harford

City or town Aberdeen
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Abraham Monck.

3. (b) Social Security Number Yes

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Widowed

6.(b) Name of husband or wife Lillie Monck.

8.(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1859

8. AGE:

Years	Months	Days	If less than one day
81	8	10	hrs. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business Self.

FATHER
12. Name Wm. Monck.
13. Birthplace Va.

MOTHER
14. Maiden name Unknown.
15. Birthplace Va.

18. Informant Mrs. Lafayette Monck
Address Aberdeen, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 14 1940 (month) (day) (year)

Cemetery or crematory Mountain Cem.

Location Joppa, Md.

18. Funeral director Harnberger & Good.
Address Benson, Md.

19. Sept 14 1940 (Date rec'd by registrar) N E Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11 1940 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Sept 11 1940 and that I last saw him alive on Sept 9 1940

Immediate cause of death

	DURATION
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F P Snodgrass M D
M. D. or other

Address Darlington Date signed Mar

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131-a)

Reg. Dist. No. 185

09649

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Harford
(b) City or town Havre de Grace (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 701 Ontario St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 50 yr

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Havre de Grace (If outside city or town limits, write RURAL and give town)
(d) Street No. 701 Ontario St (If rural give location)
(e) If foreign born, how long in U. S. A.? no years

3 (a) FULL NAME Maria Louisa Owens

3 (b) If veteran, name war no

3 (c) Social Security No. no

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John H. Owens

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1860 (APRIL 12)

8. AGE: Years 80 | Months 5 | Days 9 | If less than one day — hr. — min.

9. Birthplace Harford Co. Md (Town, county, and state)

10. Usual occupation House Duties

11. Industry or business Retired 10 yrs

FATHER
12. Name Dr. Geo. T. Hays
13. Birthplace Md.

MOTHER
14. Maiden Name C. Susan Hays
15. Birthplace Md.

16 (a) Informant Mrs. Beulah H. Buck
(b) Address 3 Seminary Ave. Chester Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/40 (month) (day) (year)
(c) Cemetery or crematory Angel Hill
Location Harford Co. Md.

18 (a) Funeral director R. Madison Mitchell
(b) Address Havre de Grace Md.

19 (a) Sept 23rd (Date rec'd by registrar) (b) James H. Boyd Md Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 21 1940, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1940, to Sept 21 1940, and that I last saw him alive on Sept. 21 1940.

Immediate cause of death Arteria Sclerosis

Due to Cerebral Hemorrhage

Due to Chronic Diffuse Nephritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles J. Foley M.D. M. D. or other

Address Havre de Grace Md. Date signed 9/23/40

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09650

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH 93-D

County Harford Registration Dist. No. 184

Village or City Darlington No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Edward Presbury

(a) Residence: No. ... St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eliza Presbury

6. DATE OF BIRTH (month, day, and year): Oct 3, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: On Farm

10. Date deceased last worked at this occupation (month and year): March 1940

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Harford Co., Md.

FATHER

13. NAME: Henry Presbury

14. BIRTHPLACE (city or town) (State or country): Harford Co., Md.

MOTHER

15. MAIDEN NAME: Maria Prigg

16. BIRTHPLACE (city or town) (State or country): Harford Co., Md.

17. INFORMANT (Address): Henry Presbury, Darlington, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Hosanna Am Date: Sept 27, 1940

19. UNDERTAKER (Address): H. D. Bailey, Darlington Md

20. FILED: Sept 26, 1940 M. V. Kirk, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 23 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 9-20-40, to 9-23-40

I last saw him alive on 9-23-40; death is said to have occurred on the date stated above, at 5:45 P.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	April 1940

Other **Contributory Causes** of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Claude H. Newman M. D.

(Address) Havre de Grace Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

OCT 3 1928

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

09651

CERTIFICATE OF DEATH

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Aberdeen
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Paradise Road
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 45 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Paradise
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Harry Durbin Rider

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife May D. Rider
6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Apr. 19, 1876

8. AGE:

Years	Months	Days	If less than one day
64	4	24	— hrs. — min.

9. Birthplace Pa. (Town, county, and state)
10. Usual occupation Retired
11. Industry or business Blacksmith

FATHER
12. Name James F. Rider
13. Birthplace Pa.

MOTHER
14. Maiden name Ella Nora Wolaver
15. Birthplace Pa

16. Informant Mrs. May DeBaugh Rider
Address Aberdeen, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 15, 1940 (month) (day) (year)
Cemetery or crematory Rock Run
Location Harford Co.

18. Funeral director R. Madison Mitchell
Address Havre de Grace, Md.

19. Sept. 15 1940 (Date rec'd by registrar) Berika B. Knight Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 12, 1940, at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 4 1938 to Sept 12 1940, and that I last saw h— alive on Sept 1940

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to Chronic Myocarditis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address [illegible] Date signed 9-13-40

RECEIVED
OCT 4 1940
BUREAU V. S.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

WITHIN CORPORATE LIMITS of

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (160-a)

09652

CERTIFICATE OF DEATH

Reg. Diat. No. 185

1. PLACE OF DEATH:
County Harford
City or town Havre de Grace, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Harford Memorial Hospital
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Havre de Grace,
(If outside city or town limits, write RURAL and give nearest town)
Street No. 569 Congress Ave.,
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME (Infant) Schaper.

3.(b) Social Security Number None,

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	single.

6.(b) Name of husband or wife —
6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 26-1940.

8. AGE: Years	Months	Days	If less than one day
—	—	—	2 hrs. — min.

9. Birthplace Havre de Grace, Harford Co., Md.
(Town, county, and state)
10. Usual occupation None
11. Industry or business —

FATHER
12. Name Elmer Schaper
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden name K. Lucile Rutherford,
15. Birthplace Lenox, Georgia.

16. Informant Elmer Schaper,
Address Havre de Grace, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 28 '40 (month) (day) (year)
Cemetery or crematory Angel Hill Cemetery,
Location Havre de Grace, Md.

18. Funeral director Pennington & Son,
Address Havre de Grace, Md.

19. Sept-28th 1940 (Date rec'd by registrar) James N. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26th 1940, at 12 39 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 26 1940, to Sept 26 1940
and that I last saw h.. alive on Sept 26 1940

Immediate cause of death	DURATION
(a) Premature +	
(b) Cerebral Hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F. W. Steiner M. D. or other
Address Havre de Grace Md. Date signed 9-26-40

RECEIVED
OCT 5 1940
BUREAU V. S.

09653

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

1640

State File No. _____

Registrar's No. 180

State of Maryland

1. PLACE OF DEATH:
(a) County Harford
(b) City or town Edgewood Arsenal, (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Station Hospital, U. S. Army (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Dead on admission (Specify whether)
In this community 3 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Edgewood Arsenal, Md. (If outside city or town limits, write RURAL)
(d) Street No. U. S. Army Post (If rural, give location)
(e) If foreign born, how long in U. S. A.? 23 years.

3. (a) FULL NAME Lawrence Sherkiales
3. (b) If veteran, name war World War
3. (c) Social Security No. _____
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife - - -
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) _____ (Day) 1895 (Year)

8. AGE: Years 45 | Months | Days | If less than one day hr. _____ min.

9. Birthplace Russia (City, town, or county) (State or foreign country)
10. Usual occupation Soldier
11. Industry or business U. S. Army

MOTHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

FATHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Extract from Service
(b) Address Record, U.S. Army

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 12, '40. (Month) (Day) (Year)
(c) Place; burial or cremation National Cemetery, Baltimore

18. (a) Signature of funeral director Howard K. McComas,
(b) Address Abingdon, Md.

19. (a) Sept. 7 1940 (Date received by local registrar) (b) Emily M. Shipley (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month September day 6th year 1940 hour 8 minute 07 AM

21. I hereby certify that I attended the deceased from Dead on admission, 19__, to _____, 19__: that I last saw h__ alive on _____, 19__: and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Suicide by hanging	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence September 6, 1940
(c) Where did injury occur? Fort Hoyle, Harford, Md (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public (Specify type of place)
While at work? No (e) Means of injury Hanging

23. Signature T. E. Harwood Jr. (M. D. or Coroner)
T. E. Harwood, Jr., Col, MC
Address Edgewood Arsenal, Md. Date signed 9/6/40

8-6917

U. S. GOVERNMENT PRINTING OFFICE 16—13493

RECEIVED
SEP 14 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 160-2

09654

CERTIFICATE OF DEATH

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Joppa

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 36 hrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Joppa, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Jenette Rose Smith

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	single

6.(b) Name of husband or wife: mmmmmm

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 28 '40

8. AGE: Years | Months | Days: 2 | If less than one day: 36 hrs. min.

9. Birthplace: Joppa Md (Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER 12. Name: Sidney H Smith

13. Birthplace: Virginia

MOTHER 14. Maiden name: Margaret I Schoenfelt

15. Birthplace: Kansas

16. Informant: Sidney H Smith

Address: Joppa

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10 (month) 2 (day) 1940 (year)

Cemetery or crematory: Mountain Cemetery

Location: Mountain, Md.

18. Funeral director: Howard K. McComas.

Address: Abingdon, Md.

19. October 1, 1940 (Date rec'd by registrar) Emily M Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 30 1940 19 12 hr M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 28 19 to 30 19

and that I last saw her alive on Sept 30 19

Immediate cause of death	DURATION
Forceps delivery	
Compression head	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Chas E Roth M. D. or other

Address: Edgewood Md. Date signed Oct 1, 1940

RECEIVED
NOV 6 1940
BUREAU V. S.

09655

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH

County: Harford Co

City or town: near Bel Air Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County:

City or town: Baltimore (City) (If outside city or town limits, write RURAL and give nearest town)

Street No.: 731 S Luzerne St. (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME Joseph Stachura ~~(voca)~~

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6.(b) Name of husband or wife: Anna Slaga

6.(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): Feb. 11 1867

8. AGE: Years: 73 Months: 6 Days: 28 If less than one day: ..... hrs. ..... min.

9. Birthplace: Poland (Town, county, and state)

10. Usual occupation: Labor

11. Industry or business

FATHER
12. Name: John Stachura
13. Birthplace: Poland

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: (Son) John Stachura

Address: 511 S Patomac St. Balt Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 12/1940 (month) (day) (year)

Cemetery or crematory: St Stanislaus

Location: near Dundalk

18. Funeral director: John Duda

Address: 2829 Hudson St. Balt Md

19. Sept 9 1940 (Date rec'd by registrar) N. E. Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 9 1940 at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Fracture of Cerv. Vert. Cerebral Concussion ~~Due to~~ Frac. Rt. Clavicle & Rt. 1, 2, 3, & 4 Ribs.

Due to: Probable Intrapleural Hemorrhage

Other conditions: (Include pregnancy within 3 months of death)

DURATION

Major findings of operations: ..... Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Accident Date of: 9/9/40

Where did injury occur? near Bel Air (City or town) - Harf. (County) Md. (State)

Injured at home, farm, industry, public place (where?): Route #1

Means of injury: Auto Accident Injured at work? No.

23. SIGNATURE: J H Ramsey M.D. Dep. Medical Examiner

Address: Aberdeen Date signed: 9/9/40

VS A15 (I) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 19 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93d)

09656

WITHIN CORPORATE LIMITS

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford
City or town Havre De Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Harford Memorial Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 da. 5 hrs.
Stay in this community (yrs., or mos., or days) 1 da. 5 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harf.
City or town Rural near White Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frank Turner.

3. (b) Social Security Number

4. Sex male
5. Color or race white
6. (a) Single, married, widowed, or divorced Sing Cr
6 (b) Name of husband or wife
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Jan 16 1886

8. AGE: Years 54 | Months 8 | Days 12 | If less than one day ___ hrs. ___ min.

9. Birthplace Harford Co. Md.
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Farm
FATHER 12. Name Robert C Turner
13. Birthplace Harford Co Md
MOTHER 14. Maiden name Louise VanHorn
15. Birthplace New Park Pa
16. Informant Hospital Records.
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 30-40 (month) (day) (year)
Cemetery or crematory Bethel
Location White Hall Md
18. Funeral director E G Kurtz Hon
Address Jarrettsville Md.
19. Sept. 28 1940 (Date rec'd by registrar) James H Bay MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 28 1940, at 6:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-27 19__, to 9-28 1940, and that I last saw him alive on 9-28 1940.
Immediate cause of death Myocarditis; chronic. Indefinite duration W.S.R.
Due to
Due to
Other conditions Cardiac insufficiency.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A Lewis MD M. D. or other
Address Havre de Grace Md Date signed 9-28

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

09657

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford

City or town near Gunpowder River

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ... County Harford

City or town Route 40

(If outside city or town limits, write RURAL and give nearest town)

Street No. ...

(If rural, give LOCATION)

2.(a) If veteran, name war ...

3.(a) FULL NAME Unknown

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Unknown	—

B.(b) Name of husband or wife —

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) ✓

8. AGE: Years	Months	Days	If less than one day
5-6	month	Fetus	...hrs. ...min.

9. Birthplace ... (Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER 12. Name ✓

13. Birthplace ✓

MOTHER 14. Maiden name ✓

15. Birthplace ✓

16. Informant Dr. J. H. Ramsey

Address Aberdeen Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 16-194 (month) (day) (year)

Cemetery or crematory County Home

Location near Bel Air Md

16. Funeral director Deane & Foster

Address Bel Air Md.

19. Sept. 16 1940 V.E. Chambers

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

approx.

20. DATE OF DEATH Sept. 11, 1940, at — M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ...19..., to ...19...

and that I last saw h... alive on ...19...

Immediate cause of death	DURATION
Premature	
5-6 month. Fetus	
Due to	
Found near Gunpowder	
Due to River Bridge	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings of operations ...

...Date of op. ...

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE J. H. Ramsey Dep. Medical M. D. or other Examiner

Address Aberdeen, Md. Date signed 9/15/40

RECEIVED
OCT 4 1940
BUREAU V. S.